# Annual Reporting for High-Cost Recipients 47 C.F.R. §54.313(a)(2) through (a)(6) and (h)



4001 Rodney Parham Drive • Little Rock, Arkansas 72212 (501) 748-7000

June 22, 2015

Ms. Marlene H. Dortch
Office of the Secretary
Federal Communications Commission
445 12th Street SW
Washington, D.C. 20554

RE: WC Docket No. 14-58

Pursuant to Section 54.313 and 54.422 of the Federal Communications Commission's rules enclosed is the 2015 annual report and certifications for Windstream Study Area Code 170151 located in Pennsylvania. A copy of this report is also being filed with the Universal Service Administration Company (USAC), relevant state public service commissions, and tribal governments.

Should you have any questions, please contact me via email at <u>jeff.l.heacox@windstream.com</u> or by phone at 501-748-5390.

Sincerely,

/s/ Jeff Heacox

Jeff Heacox Staff Manager Compliance Reporting

Enclosures

Cc: Applicable State Public Utilities Commissions and Tribal Governments

| FCC For        | m 481 - Carrier Annual Reporting<br>Data Collection Form                        | OME  | Form 481<br>B Control No. 3060-0986/OMB Control No. 3060-0819<br>2013  |
|----------------|---|--|--|
| <010>          | Study Area Code   | 170151   |  |
| <015>          | Study Area Name   | BUFFALO VALLEY TEL   |  |
| <020>          | Program Year  | 2016   |  |
| <030>          | Contact Name: Person USAC should contact with questions about this data         | Jeff Heacox  |  |
| <035>          | Contact Telephone Number:<br>Number of the person identified in data line <030> | 5017485390 ext.  |  |
| <039>          | Contact Email Address:<br>Email of the person identified in data line <030>     | jeff.l.heacox@windstream.com   |  |
| ANNUA          | L REPORTING FOR ALL CARRIERS  |  | 54.313 54.422 Completion Required Required (check box when complete)   |
| <100>          | Service Quality Improvement Reporting   | (complete attached workshee  | 1 222224   |
| <200>          | Outage Reporting (voice)  | [complete attached workshee  | et) /  |
| <210>          |   | outages to report  |  |
| <300>          | Unfulfilled Service Requests (voice) 0  |  |  |
| <310>          | Detail on Attempts (voice)  | (4   | attach descriptive document)   |
| <320>          | Unfulfilled Service Requests (broadband)  |  | √ [2][[1]]   |
| <330>          | Detail on Attempts (broadband)  |  | (attach descriptive document)  |
| -400>          | Number of Complete and 1999 and an arrival and                                  |  |  |
| <400><br><410> | Number of Complaints per 1,000 customers (voice) Fixed 26.44                    |  |  |
| <420>          | Mobile 0.0  |  |  |
|                | Number of Complaints per 1,000 customers (broad                                 | pand)  | ✓ [[][][][]  |
| <440><br><450> | Fixed 34 · 26<br>Mobile 0 · 0   |  |  |
| <500>          | Service Quality Standards & Consumer Protection R<br>170151PA510.pdf            | ules Compliance (check to indicate certificati   | ion)   |
| <510>          |   | (attached descriptive doc  | ument)   |
| <600>          | Functionality in Emergency Situations 170151PA610.pdf                           | (check to indicate certificati   | ion) ✓ ✓   |
| <610>          |   | fattached descriptive docum  | ent) ✓ ✓   |
|                | Company Price Official Lucian   | And the land to contract the co |  |
| <700>          | Company Price Offerings (voice) Company Price Offerings (broadband)             | [complete attached workshi   |  |
| <800>          | Operating Companies and Affiliates  | (complete attached workshi   |  |
| <900>          | Tribal Land Offerings (Y/N)?  | (if yes, complete attached workshi   |  |
| <1000>         | Voice Services Rate Comparability Certification  170151PA1010.pdf               | Yes  |  |
| <1010>         |   | (attach descriptive docume   | not)   |
| <1100>         | Certify whether terrestrial backhaul options exist (                            | (es or No) (if not, check to indicate co   | ertification)  |
| <1110>         |   | (complete attached worksh  | reet)  |
| <1200>         | Terms and Condition for Lifeline Customers                                      | (complete attached worksh  | seet)  |
|                | Price Cap Carriers, Proceed to Price Cap Additional                             |  |  |
| <2000>         | Including Rate-of-Return Carriers affiliated with Pi                            | ice Cap Local Exchange Carriers<br>(check to indicate certificati  | ion)   |
| <2005>         |   | (complete attached workship  |  |
| -2000          | Rate of Return Carriers, Proceed to ROR Additional                              |  | The state of the s |
| <3000>         |   | (check to indicate certificati<br>(complete attached workshi   |  |

| CONTAINS AND A | rvice Quality Improvement Reporting<br>Ilection Form  |  | FCC Form 481<br>OMB Control No. 3050-0986/OMB Control No. 3060-0819<br>July 2013 |
|----------------|---|--|--|
| <010>          | Study Area Code   | 170151   |  |
| <015>          | Study Area Name   | BUFFALO VALLEY TEL   |  |
| <020>          | Program Year  | 2016   |  |
| <030>          | Contact Name - Person USAC should contact regarding this data   | Jeff Heacox  |  |
| <035>          | Contact Telephone Number - Number of person identified in data line <030>   | 5017405390 ext   |  |
| <039>          | Contact Email Address - Email Address of person identified in data line <030>   | jeff.] heacoxewindstream.com   |  |
| <110>          | Has your company received its ETC certification from the FCC?   | (yes/no) O •   |  |
| <111>          | If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?   | (yes / no )  |  |
|                | If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.   |  |  |
| <112>          | Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your of CETC which only receives frozen support, your progress report is only   | company is a   |  |
|                | required to address voice telephony service.  |  |  |
|                | Please select the appropriate responses below (Yes, No, Not Applicable) to confit that the attached document(s), on line 112, contains a progress report on its five service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate. | e-year   | Name of Attached Document  |
| <113>          | Maps detailing progress towards meeting plan targets  |  |  |
| <114>          | Report how much universal service (USF) support was received  |  |  |
| <115>          | How much (USF) was used to improve service quality, and how support was used to impro   | ove service quality  |  |
| <116>          | How much (USF) was used to improve service coverage and how support was used to imp   |  |  |
| <117>          | How much (USF) was used to improve service capacity and how support was used to impr  | The state of the s | <del>-</del>   |
| <118>          | Provide an explanation of network improvement targets not met in the prior calendar year.   |  |  |

| (200) Service Outage Reporting (Voice) | FCC Form 481  |
|--|---|
| Data Collection Form                   | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
|  | July 2013   |

| <010> | Study Area Code   | 176161                       |
|-------|---|------------------------------|
| <015> | Study Area Name   | SUFFALO VALLEY TEL           |
| <020> | Program Year  | 2016                         |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Jeff Heacox                  |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 501788590 ext.               |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | jess.1.heacoxemindstream.com |

<220>

| (3)                         | <b1></b1>            | <b2></b2>            | <b3></b3>          | <b4></b4>          | <<1>                            | <c2></c2>                    | <d><d></d></d>                           | ces   | «f>   | <g></g>                      | sh>                        |
|-----------------------------|----------------------|----------------------|--------------------|--------------------|---------------------------------|------------------------------|--|---|---|------------------------------|----------------------------|
| NORS<br>Reference<br>Number | Outage Start<br>Date | Outage Start<br>Time | Outage End<br>Date | Outage End<br>Time | Number of<br>Customers Affected | Total Number of<br>Customers | 911 Facilities<br>Affected<br>(Yes / No) | Service Outage<br>Description (Check<br>all that apply) | Did This Outage<br>Affect Multiple<br>Study Areas<br>(Yes / No) | Service Outage<br>Resolution | Preventative<br>Procedures |
|                             |                      |                      |                    |                    |                                 |                              |  | -   |   |                              |                            |
|                             |                      |                      |                    |                    |                                 |                              |  |   |   |                              |                            |
|                             |                      |                      |                    |                    |                                 |                              |  |   |   |                              |                            |
|                             |                      |                      |                    |                    |                                 |                              |  |   |   |                              |                            |
|                             |                      | OILS CO.             |                    |                    |                                 |                              |  |   |   |                              |                            |
|                             |                      |                      |                    |                    |                                 |                              |  |   |   |                              |                            |
|                             | ha                   |                      |                    |                    |                                 |                              | VI                                       |   |   |                              |                            |
|                             |                      |                      |                    |                    |                                 |                              |  |   |   |                              |                            |
|                             |                      |                      |                    |                    |                                 |                              |  | -   |   |                              |                            |
| _                           |                      | 4115-15-5            |                    |                    |                                 |                              |  | -   |   |                              |                            |
|                             |                      |                      |                    |                    |                                 |                              | _  | _   |   |                              |                            |
|                             |                      |                      |                    |                    |                                 |                              |  | -   |   |                              |                            |
|                             | -                    |                      |                    |                    |                                 |                              |  |   |   |                              |                            |
|                             |                      |                      |                    |                    |                                 |                              |  |   |   |                              |                            |
|                             |                      |                      |                    |                    |                                 |                              |  |   |   |                              |                            |
|                             |                      |                      |                    |                    |                                 |                              |  |   |   |                              |                            |
|                             |                      |                      |                    |                    |                                 |                              |  |   |   | 110-0-1                      |                            |
|                             |                      |                      |                    |                    |                                 |                              |  |   |   |                              |                            |
|                             |                      |                      |                    |                    |                                 |                              |  |   |   |                              |                            |

| (700) Price Offerings including Voice Rate Data |  | FCC Form 481  |
|---|--|---|
| Data Collection Form                            |  | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
|   |  | July 2013   |
|   |  |   |

| <010> | Study Area Code   | 170153                        |
|-------|---|-------------------------------|
| <015> | Study Area Name   | BOPPALO VALLEY TEL            |
| <020> | Program Year  | 2016                          |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Jeff Heacox                   |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 50174#5390 mxt.               |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | 1eff 1 beacox swindstream com |

<701> Residential Local Service Charge Effective Date
<702> Single State-wide Residential Local Service Charge

1/1/2015

| State | Exchange (ILEC) | SAC (CETC) | Rate Type | Residential Local<br>Service Rate | State Subscriber Line Charge | State Universal Service Fee | Mandatory Extended Area<br>Service Charge | Total per line Rates and Fed |
|-------|-----------------|------------|-----------|-----------------------------------|------------------------------|-----------------------------|---|------------------------------|
|       |                 |            |           |                                   |                              |                             |   |                              |
|       |                 |            |           |                                   |                              |                             |   |                              |
|       |                 | -          |           |                                   |                              |                             |   |                              |
| _     |                 |            |           | -                                 |                              |                             |   | 1                            |
|       |                 |            |           |                                   |                              |                             |   |                              |
|       |                 |            |           |                                   |                              |                             |   |                              |
| -     |                 |            |           |                                   |                              |                             |   | -                            |
|       |                 |            |           | - See a                           | tached worksheet             |                             |   | -                            |
|       |                 |            |           |                                   |                              |                             |   |                              |
|       |                 |            |           |                                   |                              |                             |   |                              |
|       |                 |            |           |                                   |                              |                             |   |                              |
|       |                 |            |           |                                   |                              |                             |   |                              |
|       |                 | -          |           | -                                 |                              |                             |   |                              |
|       |                 |            |           | -                                 |                              |                             |   |                              |
|       |                 |            |           |                                   |                              |                             |   |                              |
|       |                 |            |           |                                   |                              |                             |   |                              |
|       |                 |            |           |                                   |                              |                             | - STANT ASSUMMENT                         |                              |

| (710) Broadband Price Offerings |  |  | FCC Form 4R1  |
|---------------------------------|--|--|---|
| Data Collection Form            |  |  | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
|                                 |  |  | July 2013   |

| <010> | Study Area Code   | 170151                       |
|-------|---|------------------------------|
| <015> | Study Area Name   | BUFFALO VALLEY TEL           |
| <020> | Program Year  | 2018                         |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Jeff Heacox                  |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 5017485390 ext.              |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | jeff 1 heacoxevindstream.com |

| sa! | 6  | <a2></a2>       | <b>d1&gt;</b>    | <62>                    | 40                  | <d1></d1>                                       | 4D   | <63>                    | <d4></d4>   |
|-----|----|-----------------|------------------|-------------------------|---------------------|---|--|-------------------------|---|
| Sta | te | Exchange (ILEC) | Residential Rate | State Regulated<br>Fees | Total Rate and Fees | Broadband Service -<br>Download Speed<br>{Mbps} | Broadband Service -<br>Upload Speed (Mbps) | Usage Allowance<br>(GB) | Usage Allowance<br>Action Taken When<br>Limit Reached (select |
|     |    |                 |                  |                         |                     |   |  |                         |   |
|     |    |                 |                  |                         |                     |   |  |                         |   |
|     |    |                 |                  | See attac               | hed                 |   |  |                         |   |
|     |    |                 |                  |                         |                     |   |  |                         |   |
|     |    |                 |                  |                         |                     |   |  |                         |   |
|     |    |                 |                  |                         |                     |   |  |                         |   |
|     |    |                 |                  |                         |                     |   |  |                         |   |

| Data Coll | erating Companies<br>lection Form |   |                  |               | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|-----------|-----------------------------------|---|------------------|---------------|--|
| <010>     | Study Area Code                   |   | 170151           |               |  |
| <015>     | Study Area Name                   |   | BUFFALO VALLEY T | TEL           |  |
| <020>     | Program Year                      |   | 2016             |               |  |
| <030>     | Contact Name - Person             | USAC should contact regarding this data               | Jeff Reacox      |               |  |
| <035>     | Contact Telephone Nun             | nber - Number of person identified in data line <030> | 5017485390 ext.  | 1-22/1        |  |
| <039>     | Contact Email Address             | Email Address of person identified in data line <030> | jeff 1 heacoxiw  | indstream.com |  |
| <810>     | Reporting Carrier                 | Windstream Buffalo Valley, Inc.                       |                  |               |  |
| <811>     | Holding Company                   | Windstream Corporation                                |                  |               |  |
| <812>     | Operating Company                 | Windstream Buffalo Valley, Inc.                       |                  |               |  |
| <813>     |                                   | ab ab   |                  | <=2>          | (a)  |
|           |                                   | Affiliates  |                  | SAC           | Doing Business As Company or Brand Designation                                   |
|           |                                   |   |                  |               |  |
|           |                                   |   | See attac        | hed worksh    | eet  |
|           |                                   |   | See attac        | hed worksh    | eet  |
|           |                                   |   | See attac        | hed worksho   | eet  |
|           |                                   |   | See attac        | hed worksho   | eet  |
|           |                                   |   | See attac        | hed worksho   | eet  |
|           |                                   |   | See attac        | hed worksho   | eet  |
|           |                                   |   | See attac        | hed worksho   | eet  |
|           |                                   |   | See attac        | hed worksho   | eet  |
|           |                                   |   | See attac        | hed worksho   | eet  |

| S8105.003  | bal Lands Reporting<br>lection Form  | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-081<br>July 2013 |
|--|--|---|
| 010>   | Study Area Code  | 170151  |
| 015>   | Study Area Name  | BUFFALO VALLEY TEL  |
| 020>   | Program Year   | 2016  |
| <030>  | Contact Name - Person USAC should contact regarding this data  | Jeff Heacox   |
| :035>  | Contact Telephone Number - Number of person identified in data line <0303  | > 5017495)90 ext  |
| :039>  | Contact Email Address - Email Address of person identified in data line <030.  | )> %eft-1 heacoxiwindstream.com   |
| 910>   | Tribal Land(s) on which ETC Serves   |   |
| 920>   | Tribal Government Engagement Obligation  | Name of Attached Document   |
| enamen.  |  |   |
|  | company serves Tribal lands, please select (Yes,No, NA) for each these boxes   |   |
|  | rm the status described on the attached document(s), on line 920, strates coordination with the Tribal government pursuant to  | Select  |
|  |  |   |
| 54.31  | 3(a)(9) includes:  | Yes or No or<br>Not Applicable  |
|  | 3(a)(9) includes:  |   |
| 921>   | Needs assessment and deployment planning with a focus on Tribal  |   |
| 921>   | Needs assessment and deployment planning with a focus on Tribal community anchor institutions.   |   |
| 921><br>922><br>923>   | Needs assessment and deployment planning with a focus on Tribal community anchor institutions.  Feasibility and sustainability planning;   |   |
| 921><br>922><br>923><br>924>   | Needs assessment and deployment planning with a focus on Tribal community anchor institutions.  Feasibility and sustainability planning;  Marketing services in a culturally sensitive manner;   |   |
| 921><br>922><br>923><br>924><br>925>                                 | Needs assessment and deployment planning with a focus on Tribal community anchor institutions.  Feasibility and sustainability planning;  Marketing services in a culturally sensitive manner;  Compliance with Rights of way processes  |   |
| 921><br>922><br>923><br>924><br>925><br>926>                         | Needs assessment and deployment planning with a focus on Tribal community anchor institutions.  Feasibility and sustainability planning;  Marketing services in a culturally sensitive manner;  Compliance with Rights of way processes  Compliance with Land Use permitting requirements  |   |
| 921><br>922><br>922><br>923><br>924><br>925><br>926><br>927><br>928> | Needs assessment and deployment planning with a focus on Tribal community anchor institutions.  Feasibility and sustainability planning;  Marketing services in a culturally sensitive manner;  Compliance with Rights of way processes  Compliance with Land Use permitting requirements  Compliance with Facilities Siting rules |   |

|        | o Terrestrial Backhaul Reporting<br>lection Form   |                              | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|--------|--|------------------------------|--|
| <010>  | Study Area Code  | 170151                       |  |
| <015>  | Study Area Name  | BUFFALO VALLEY TEL           |  |
| <020>  | Program Year   | 2016                         |  |
| <030>  | Contact Name - Person USAC should contact regarding this data  | Jeff Heacox                  |  |
| <035>  | Contact Telephone Number - Number of person identified in data line <030>  | 5017485390 ext               |  |
| <039>  | Contact Email Address - Email Address of person identified in data line <030>  | jeff.1 heacoxywindstream.com |  |
|        | Please confirm whether terrestrial backhaul options exist within the supported are pursuant to § 54.313(g) (Yes, No).  | а                            |  |
| <1130> | Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 upstream within the supported area pursuant to § 54.313(g). | kbps                         |  |
|        |  |                              |  |
|        |  |                              |  |
|        |  |                              |  |
|        |  |                              |  |
|        |  |                              |  |
|        |  |                              |  |
|        |  |                              |  |

| erms and Condition for Lifeline Customers<br>ection Form  |   | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013   |
|---|---|--|
| Study Area Code   | 170151  |  |
| Study Area Name   | BUFFALO VALLEY TEL  |  |
| Program Year  |   |  |
| Contact Name - Person USAC should contact regarding this data   |   |  |
| Contact Telephone Number - Number of person identified in data line <0  |   |  |
| Contact Email Address - Email Address of person identified in data line <0  | 30> jeff 1.hmacox/windstream.c  | rom.   |
| Terms & Conditions of Voice Telephony Lifeline Plans  | 1761519A1210 doc  | Company of the Borne of History (Line of History Constitution of the Constitution of t |
|   |   | Name of Attached Document  |
| Link to Public Website HTT  | P https://www.windstream.com/Abs  | out-Us/Lifeline-Assistance-Program/  |
| heck these boxes below to confirm that the attached document(s), on line 1210,<br>sbsite listed, on line 1220, contains the required information pursuant to<br>(a)(2) annual reporting for ETCs receiving low-income support, carriers must<br>report: |   |  |
| Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,   |   |  |
| Details on the number of minutes provided as part of the plan,  |   |  |
| Additional charges for toll calls, and rates for each such plan.  |   |  |
|   |   |  |
|   | Study Area Code Study Area Name Program Year Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <0 Contact Email Address - Email Address of person identified in data line <0 Terms & Conditions of Voice Telephony Lifeline Plans  Link to Public Website  HTT  theck these boxes below to confirm that the attached document(s), on line 1210, ebsite listed, on line 1220, contains the required information pursuant to ([a)(2) annual reporting for ETCs receiving low-income support, carriers must report:  Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,  Details on the number of minutes provided as part of the plan, | Study Area Code  Study Area Name  Program Year  Contact Name - Person USAC should contact regarding this data  Contact Telephone Number - Number of person identified in data line <030>  Solicates Solicated Email Address - Email Address of person identified in data line <030>  Contact Email Address - Email Address of person identified in data line <030>  Terms & Conditions of Voice Telephony Lifeline Plans  Link to Public Website  HTTP  https://www.windstream.com/Abshield line 1220, contains the required information pursuant to ([a)(2) annual reporting for ETCs receiving low-income support, carriers must report:  Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,  Details on the number of minutes provided as part of the plan,  |

|   | ce Cap Carrier Additional Documentation   | FCC Form AB1   |
|---|---|--|
| Data Colle                              | ection Form   | OMB Control No. 3060-0986/OMB Control No. 3060-09819   |
| Including I                             | Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers   | hily 2013  |
| <010>                                   | Study Area Code   |  |
| <015>                                   | Study Area Name   | L/MEI  |
| <020>                                   | Program Year  | MOPPACY VALLEY TEL   |
| <030>                                   | Contact Name - Person USAC should contact regarding this data   | 2016   |
| <035>                                   | Contact Telephone Number - Number of person identified in data line <030>   | 3017485190 VX  |
| <039>                                   | Contact Email Address - Email Address of person identified in data line <030>   | Jeff I feaconstantean com  |
| 000000000000000000000000000000000000000 | OF COLUMN TOWNS OF THE COST OF STREET AND STREET STREET, SO STREET, COST OF STREET STREET, COST OF STREET, COST   |  |
|   |   | a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, an mation reported on this form and in the documents attached below is accurate. |
|   | Incremental Connect America Phase I reporting   |  |
| <2010>                                  | 2nd Year Certification (47 CFR § 54.313(b)(1)i)   | Not Applicable   |
| <2011a>                                 | 3rd Year Certification (47 CFR § 54.313(b)(1)ii)  |  |
| <2011b>                                 | Attachment (47 CFR § 54.313(b)(1)ii)  |  |
|   |   | Name of Attached Document(s) Listing Required Information  |
|   | Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))   |  |
| <2012>                                  | 2013 Frozen Support Calculation (47 CFR § 54.313(c)(1))   |  |
| <2013>                                  | 2014 Frozen Support Calculation (47 CFR § 54 313(c)(2))   |  |
| <2014>                                  | 2015 Frozen Support Calculation (47 CFR § 54.313(c)(3))   | Yes  |
| <2015>                                  | 2016 and future Frozen Support Calculation (47 CFR § 54.313(c)(4))  |  |
|   | Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))  |  |
| <2016>                                  | Certification Support Used to Build Broadband   | Yes  |
| 500                                     | Connect America Phase II Reporting (47 CFR § 54.313(e))   |  |
| <2017>                                  | The first in addition with the second   |  |
| <2018>                                  | on year productive pervice cermication  |  |
| <2019>                                  |   |  |
| <2020»                                  | Please check the box to confirm that the attached document(s), on lin<br>pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support a<br>addresses of community anchor institutions to which began providing<br>preceding calendar year. | shall provide the number, names, and   |
| <2021>                                  | Interim Progress Community Anchor Institutions  |  |
|   |   |  |
|   |   | Name of Attached Document(s) Listing Required Information  |
|   |   |  |

|                  | ne Of Return Carrier Additional Documentation<br>scition Form   |   | FCC Form 481  OMS Control No. 3060-0986/ONS Control No. 3060-0819  July 2013 |
|------------------|---|---|--|
| n/esim           |   |   | 314 2013   |
| <010>            | Study Area Code   | 170151  |  |
| <015>            | Stody Area Name   | BUFFALO VALLEY TEL  |  |
| <030>            | Program Year Contact Name - Person USAC should contact regarding this data  | Jetf Heacox   |  |
| <035>            | Contact Telephone Number - Number of person identified in data line (0:00>  | 1017485390 e&t  |  |
| <039>            | Contact Email Address - Email Address of person identified in data line (030)   | heff.l.beacoxswindstream.com  |  |
|                  | he Boxes below to note compliance on its five year service quality plan (pursua<br>CFR § \$4.313(1)(2). I further certify that th   |   | compliance with the financial reporting requirements set forth in 4          |
|                  |   |   |  |
| (3010)           | Progress Report on 5 Year Plan  |   |  |
| Time word        | Milestone Certification (47 CFR § 54.313(f)(1)(i)   |   |  |
|                  |   | Name of Attached Document Leiting Required Inform   | ation  |
| (3011)           | Please check this box to confirm that the attached document(s), on line is § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addriptroviding access to broadband service in the proceding calendar year           | 8012 contains the required information pursuant to<br>esses of community anchor institutions to which began |  |
| (3012)           | Community Anchor Institutions (47 CFR § 54.313(0)(1)(ii))   |   |  |
| (3013)<br>(3014) | Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)[2]) If yes, does your company file the RUS annual report   | Name of Attached Document Listing Required information (Yes/No) (Yes/No)                                    | 38   |
| Please           | check these boxes to confirm that the attached document(s), on line 301   | 7, contains the required information pursuant to § 54 313(1);   | 2) compliance requires   |
| (3015)           | Electronic copy of their annual RUS reports (Operating Report for<br>Telecommunications Bozrowers)  |   |  |
| (3016)           | Document(s) for Balance Sheet, Income Statement and Statement of Ca   | ish Flows   |  |
| (3017)           | If the response is yes on line 3014, attach your company's RUS annual report and all required documentation   |   |  |
| 44 50 000        |   | Name of Attached Document Listing Required Information (Yes/No.)  | 20   |
| facial           | If the response is no on line 3014, is your company audited?  If the response is yes on line 3018, please check the boxes below to  | Design B  |  |
| (3019)           | confirm your submission, on line 3026 pursuant to \$ 54.3 EM(\$2), contains<br>Either a copy of their audited financial statement; or (2) a financial report in a t   | to the Company of the to NUS Consenting Report for Telecommunication  |  |
|                  |   |   | "' <b></b>   |
| (3020)           | Document(s) for Balance Sheet, Income Statement and Statement of C  |   |  |
| (105.7)          | Management letter and audit opinion issued by the independent certified p   | ublic accountant that performed the company's linancial audit   |  |
|                  | If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains  |   |  |
| (3022)           | Copy of their financial statement which has been subject to review by an<br>independent certified public accountant, or 2) a financial report in a<br>format comparable to RUS Operating Report for Telecommunications.<br>Borrowers. |   |  |
| (5023)           | Underlying information subjected to a review by an independent certified public accountant  |   | 믐  |
| (3024)<br>(3025) | Underlying information subjected to an officer certification.  Document(s) for Balance Sheet, Income Statement and Statement of C   | ash Flows   |  |
| (3026)           | Attach the worksheet listing required information   |   |  |
| (3026)           | Attach the worksheet listing required information   | Name of Attached Document Exting Required Information   |  |

| Study Area Code  40155 Study Area Kaine  9020 Program Year  40100 Contact Name Person USAC should contact regarding this data 40100 Contact Telephone Number of person identified in data line 40300  40190 Contact Telephone Number of person identified in data line 40300  Financial Data Summary  (3027) Revenue  (3028) Operating Expenses  (3029) Net Income  (3030) Telephone Plant in Service(TPIS)  (3031) Total Assets  (3032) Total Debt  |  | PCC Form 4&1   |
|--|--|--|
| ### ### ### ### #### #### ############   | m and the second | OME Control No. 3060-0986/04/9 Control No. 3060-0819 |
| Financial Data Summary (3027) Revenue (3028) Operating Expenses (3029) Net Income (3030) Total Assets (3031) Total Assets (3031) Total Assets  |  | 3uly 2013  |
| ## Study Area Name ## Study Area |  |  |
| ## Study Area Name ## Study Area | na Fodu  | 176151   |
| ### Program Year ### Person USAC should contact regarding this data. #### Person USAC should contact regarding this data. #### Person USAC should contact regarding this data. #### Person USAC should contact regarding this data. ##### Person USAC should contact regarding this data. ###################################  |  |  |
| Contact Kame - Person USAC should contact regarding this data  Jeff. Reason  Sol 12485300 ext  Sol 124 |  |  |
| Contact Email Address - Email Address of person identified in data line +0300 1012 is 51.24.85.30 mxt 1007.00 Contact Email Address - Email Address of person identified in data line +0300 1017.1 heacox/fixindstream.com  Financial Data Summary  (3027) Revenue  (3028) Operating Expenses  (3029) Net Income  (3030) Telephone Plant In Service(TPIS)  (3031) Total Assets  (3032) Total Debt  | Name - Person USAC should contact regarding this data  |  |
| Financial Data Summary (3027) Revenue (3028) Operating Expenses (3029) Net Income (3030) Telephone Plant In Service(TPIS) (3031) Total Assets (3032) Total Debt  |  | 5017485390 mxt                                       |
| Financial Data Summary (3027) Revenue (3028) Operating Expenses (3029) Net Income (3030) Telephone Plant in Service(TPIS) (3031) Total Assets (3032) Total Debt  |  |  |
| (3027) Revenue (3028) Operating Expenses (3029) Net Income (3030) Telephone Plant In Service(TPIS) (3031) Total Assets (3032) Total Debt   | 10-10-10-10-10-10-10-10-10-10-10-10-10-1   | 40 * 40 * 40 00 00 00 00 00 00 00 00 00 00 00 00     |
| (3027) Revenue (3028) Operating Expenses (3029) Net Income (3030) Telephone Plant In Service(TPIS) (3031) Total Assets (3032) Total Debt   |  |  |
| (3027) Revenue (3028) Operating Expenses (3029) Net Income (3030) Telephone Plant In Service(TPIS) (3031) Total Assets (3032) Total Debt   |  |  |
| (3028) Operating Expenses  (3029) Net Income  (3030) Telephone Plant In Service(TPIS)  (3031) Total Assets  (3032) Total Debt  | ita Summary  |  |
| (3028) Operating Expenses  (3029) Net Income  (3030) Telephone Plant In Service(TPIS)  (3031) Total Assets  (3032) Total Debt  | evenue   |  |
| (3029) Net Income (3030) Telephone Plant In Service(TPIS) (3031) Total Assets (3032) Total Debt  |  |  |
| (3029) Net Income (3030) Telephone Plant In Service(TPIS) (3031) Total Assets (3032) Total Debt  | nerating Expenses  |  |
| (3031) Total Assets (3032) Total Debt  | Personal and annual  |  |
| (3030) Telephone Plant In Service(TPIS) (3031) Total Assets (3032) Total Debt  | (DE PERSONALIO   |  |
| (3031) Total Assets (3032) Total Debt  | let income   |  |
| (3031) Total Assets (3032) Total Debt  | elephone Plant in Canaca(TDIS)   |  |
| (3032) Total Debt  | Elephone Flant III Service(1F13)   |  |
| (3032) Total Debt  |  |  |
|  | otal Assets  |  |
|  | oral Daht  |  |
|  | Stal Debt  |  |
| (3033) Total Equity  | otal Equity  |  |
|  |  |  |
| (3034) Dividends   | ividends   |  |
|  |  |  |
|  | The contract of the contract o |  |

|       | tion - Reporting Carrier<br>lection Form                                      |                     | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|-------|---|---------------------|--|
| <010> | Study Area Code   | 170151              |  |
| <015> | Study Area Name   | BUFFALO VALLEY TEL  |  |
| <020> | Program Year  | 2016                |  |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Jeff Heacox         |  |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 5017485390 ext.     |  |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | jeff.l.heacox@winds | tream.com  |

### TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

| certification of Officer as to                        | the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients  |
|---|--|
| H [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [               | consibilities include ensuring the accuracy of the annual reporting requirements for universal service support<br>on reported on this form and in any attachments is accurate. |
| Name of Reporting Carrier: BUFFALO VALLEY TEL         |  |
| Signature of Authorized Officer: CERTIFIED ONLINE     | Date 06/19/2015  |
| Printed name of Authorized Officer: Tim Loken         |  |
| Title or position of Authorized Officer: Director     |  |
| Telephone number of Authorized Officer: 5017487442 ex | t.   |
| Study Area Code of Reporting Carrier: 170151          | Filing Due Date for this form: 07/01/2015  |

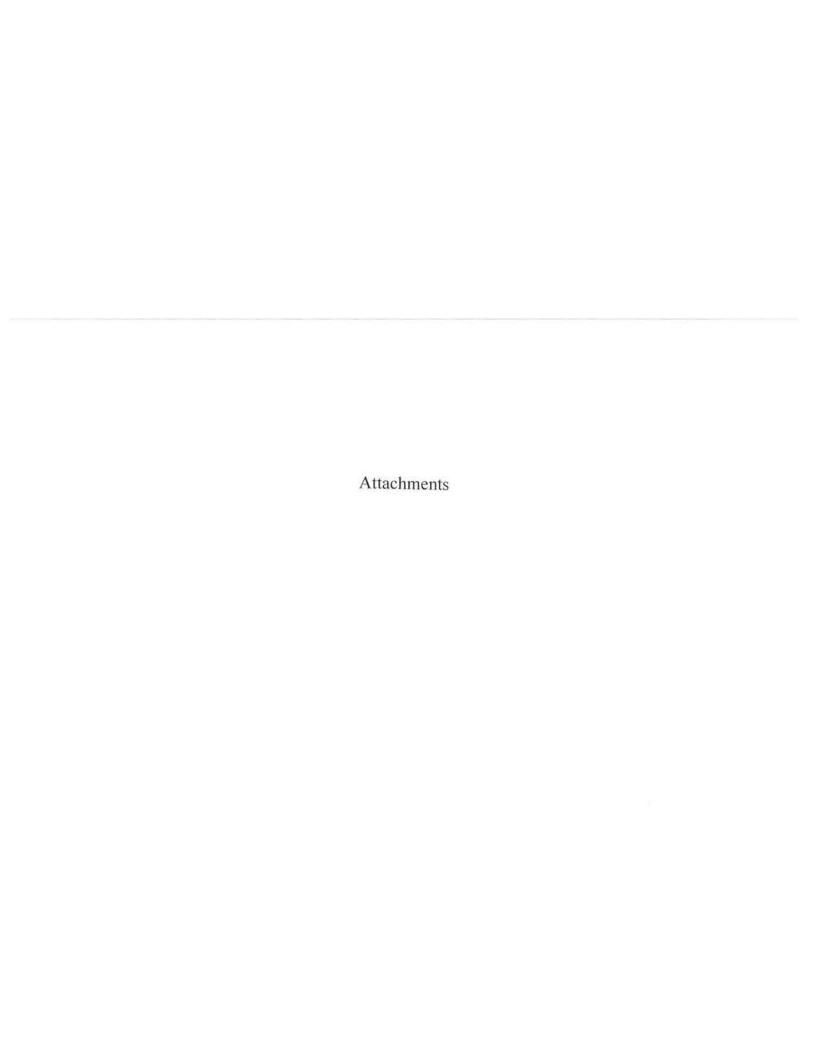
|       | ion - Agent / Carrier<br>ection Form  | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|-------|---|--|
| <010> | Study Area Code   | 170151   |
| <015> | Study Area Name   | BUFFALO VALLEY TEL   |
| <020> | Program Year  | 2016   |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Jeff Heacox  |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 5017485390 ext.  |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | jeff.l.heacox@windstream.com   |

### TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

| I certify that (Name of Agent)  | is authorized to submit the information reported on behalf of the reporting   |
|---|---|
| also certify that I am an officer of the reporting carrier; n<br>agent; and, to the best of my knowledge, the reports and | ponsibilities include ensuring the accuracy of the annual data reporting requirements provided to the auth<br>provided to the authorized agent is accurate. |
| Name of Authorized Agent:   |   |
| Name of Reporting Carrier:  |   |
| Signature of Authorized Officer:  | Date:   |
| Printed name of Authorized Officer:   |   |
| Title or position of Authorized Officer:  |   |
| Telephone number of Authorized Officer:   |   |
| Study Area Code of Reporting Carrier:   | Filing Due Date for this form:  |

# TO BE COMPLETED BY THE AUTHORIZED AGENT:

| Certification of Agent                                     | Authorized to File Annual Reports for CAF or LI R  | ecipients on Behalf of Reporting Carrier  |
|--|--|---|
|  | norized to submit the annual reports for universal service s reporting carrier; and, to the best of my knowledge, the in | support recipients on behalf of the reporting carrier; I have provided formation reported herein is accurate. |
| Name of Reporting Carrier:                                 |  |   |
| Name of Authorized Agent or Employee of Agent:             |  |   |
| Signature of Authorized Agent or Employee of Agent:        |  | Date:   |
| Printed name of Authorized Agent or Employee of Agent:     |  |   |
| Title or position of Authorized Agent or Employee of Agent | t  |   |
| Telephone number of Authorized Agent or Employee of Ag     | gent:  |   |
| Study Area Code of Reporting Carrier:                      | Filing Due Date for this form:   |   |



### Voice Certification:

Windstream certifies that we comply with applicable service quality standards and consumer protection rules as required by the state regulatory commission and the Federal Communications Commission.

- 1. Service quality metrics are monitored and reviewed each month
- Windstream is founded on integrity. All employees are required to complete a course on integrity each year.
- Windstream employees have at their disposal our People Practices Overview Course which is a general overview of the guidelines that govern all Windstream employees.
- 4. Windstream's Customer Proprietary Network Information (CPNI) training manual documents when personnel are, and are not, authorized to use CPNI. This Manual constitutes Windstream's policies and procedures related to CPNI. All employees are required to follow the policies and procedures specified in this manual.
- Windstream IT has in place numerous measures to insure the integrity of the network and the customer data that resides on the network. The network is monitored 24/7 and periodic reviews of the security processes are performed.
- Windstream makes every attempt to achieve one-call resolution on customer invoice issues.
- Windstream has developed a program to help spot the Red Flags of identity theft, which
  is consistent with the FTC's guidelines, and has procedures in place to mitigate the
  potential damage of identity theft.
- 8. Windstream has implemented our Customer Account Protection Plan (CAPP) to provide increased security against unauthorized changes (cramming) to customer accounts. This plan requires third-party carriers to have a customers Passcode to change the customer's service or access the customers account information.

# Line 510-Continued:

## **Broadband Certifications**

Windstream certifies that it complies with applicable service quality standards, if any, and consumer protection rules as required by the state regulatory commission and the Federal Communications Commission.

Specifically:

- All Windstream employees are required to complete a security awareness training every year.
- Windstream's Customer Proprietary Network Information (CPNI) training manual
  documents when personnel are, and are not, authorized to use CPNI. This Manual
  constitutes Windstream's policies and procedures related to CPNI. All employees are
  required to follow the policies and procedures specified in this manual.
- Windstream IT has in place numerous measures to insure the integrity of the network and the customer data that resides on the network. The network is monitored 24/7 and periodic reviews of the security processes are performed.
- 4. Windstream has developed a program to help spot the Red Flags of identity theft, which is consistent with the FTC's guidelines, and has procedures in place to mitigate the potential damage of identity theft.

### Line 610 - Description of Functionality in Emergency Situations

### Voice:

Windstream certifies that it is compliant with applicable rules on service provision in emergency situations. Windstream central offices are designed to withstand limited commercial power failures through the use of emergency batteries supplemented by on site or portable generators. Windstream personnel perform routine maintenance on this essential equipment based on the manufacturer's service recommendations and Windstream service practices. The backup batteries are load tested routinely and the on site generators are tested monthly.

Windstream's network is engineered to handle traffic spikes that can occur as the result of emergency situations. The network is monitored 24/7 by our Network Operations Center ensuring quick response whenever and where ever it is needed. Network redundancy is built into our network where ever possible to ensure alternate routing is available when necessary.

### Broadband:

Windstream certifies that it is compliant with applicable rules on service provision in emergency situations. Windstream central offices are designed to withstand limited commercial power failures through the use of emergency batteries supplemented by on site or portable generators. Windstream personnel perform routine maintenance on this essential equipment based on the manufacturer's service recommendations and Windstream service practices. The backup batteries are load tested routinely and the on site generators are tested monthly.

| (700) Price Offerings including Voice Rate Data |  |  | FCC Form 481  |   |
|---|--|--|---|---|
| Data Collection Form                            |  |  | OMB Control No. 3060-0986/OMB Control No. 3060-08 July 2013 | 9 |

| <010> | Study Area Code   | 170151                       |
|-------|---|------------------------------|
| <015> | Study Area Name   | BUFFALO VALLEY TEL           |
| <020> | Program Year  | 2016                         |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Jeff Heacox                  |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 50174#1390 ext               |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | peff.i heacoxivindstream.com |

<701> Residential Local Service Charge Effective Date <702> Single State-wide Residential Local Service Charge 1/1/2015

<703>

| State           | Exchange (ILEC) | SAC (CETC) | Rate Type | Residential Local<br>Service Rate | <br><br>State Subscriber Line Charge | State Universal Service Fee | Mandatory Extended Area<br>Service Charge | Total per line Rates and Fee |
|-----------------|-----------------|------------|-----------|-----------------------------------|--------------------------------------|-----------------------------|---|------------------------------|
| PA              | LEWISBURG       |            | FR:       | 17.3                              | 0 / 0                                | 0.0                         | 0.0                                       | 17.1                         |
| PA              | MIFFLINBURG     |            | PR        | 17.3                              | 0.0                                  | 0.0                         | 6.0                                       | 17.3                         |
| PA              | LEWISBURG       |            | MI        | 10.0                              | 0.0                                  | 0.0                         | 0.0                                       | 10.0                         |
| PA              | MIFFLINBURG     |            | MS        | 10.0                              | 0.0                                  | 8.8                         | 5.0                                       | 10.0                         |
|                 |                 |            |           |                                   |                                      |                             |   |                              |
|                 |                 |            |           |                                   |                                      |                             |   |                              |
|                 |                 |            |           |                                   |                                      |                             |   |                              |
|                 |                 |            |           |                                   |                                      |                             |   |                              |
|                 |                 |            |           |                                   |                                      |                             |   |                              |
|                 |                 |            |           |                                   |                                      |                             |   |                              |
|                 |                 |            |           |                                   |                                      |                             |   |                              |
|                 |                 |            |           |                                   |                                      |                             |   |                              |
| The latest deal |                 |            |           |                                   |                                      |                             |   |                              |

| (710) Broadband Price Offerings |  |  | FCC Form 481  |
|---------------------------------|--|--|---|
| Data Collection Form            |  |  | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
|                                 |  |  | July 2013   |

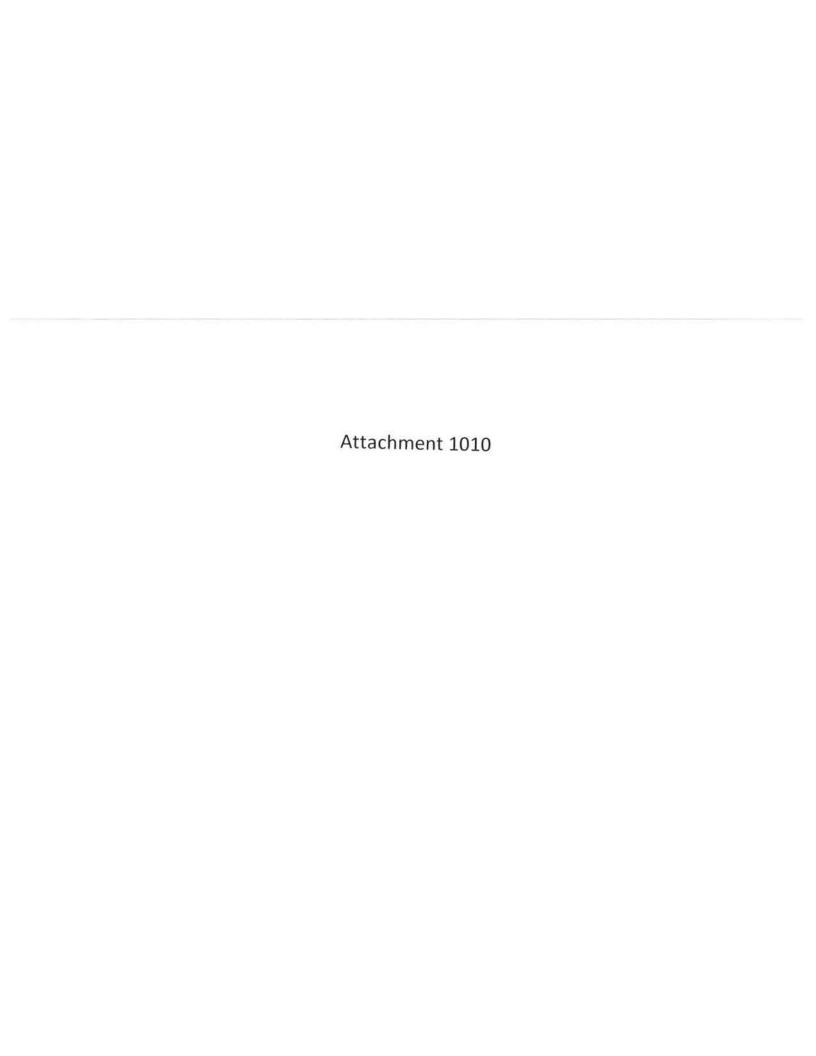
| <010> | Study Area Code   | 176151                      |
|-------|---|-----------------------------|
| <015> | Study Area Name   | BUPFALO VALLEY TEL          |
| <020> | Program Year  | 2016                        |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Oeff Hearox                 |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | \$017495390 ext             |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | jeff.J.heacoxwindstream.com |

| (ab     | <b>42&gt;</b>   | <b1></b1>           | <br>0.03                | The state of the s |      |   |                         | <d4> Usage Allowance</d4>                |
|---------|-----------------|---------------------|-------------------------|--|------|---|-------------------------|--|
| State   | Exchange (ILEC) | Residential<br>Rate | State Regulated<br>Fees | Total Rates<br>and Fees  |      | Broadband Service<br>-Upload Speed (Mbps) | Usage Allowance<br>(GB) | Action Taken When Limit Reached (select) |
| PA      | HARTLETON       | 59.99               | 0.0                     | 59.99  | 24.0 | 4.0                                       | 0.0                     | Other, No limit on usage allowan         |
| PA      | LEWICHURG       | 59.99               | 0.0                     | 59.99  | 24.0 | 4.0                                       | 0.0                     | Other, No limit on usage allower         |
| PA      | MIFFLINBURG     | 59.99               | 0.0                     | \$8,99   | 24.0 | 4.0                                       | 0.0                     | Other, No limit on usage allowan         |
| -       |                 | 1                   |                         |  |      |   |                         |  |
|         |                 |                     |                         |  |      |   |                         |  |
|         |                 |                     |                         |  |      |   | - With                  |  |
| -       |                 | _                   |                         |  |      |   |                         |  |
|         |                 |                     |                         |  |      |   |                         |  |
|         |                 |                     |                         |  |      |   |                         |  |
|         |                 |                     |                         |  |      |   |                         |  |
|         |                 | -                   |                         |  |      |   |                         |  |
| 79-1F-0 | -               | -                   |                         |  |      |   |                         |  |
|         | -               |                     | <del> </del>            |  | -    |   |                         |  |
| _       | +               | +                   |                         |  | -    |   |                         |  |
|         |                 | 1                   |                         |  | 1    |   |                         |  |
|         |                 |                     |                         |  |      |   |                         |  |
|         |                 |                     |                         |  |      |   |                         |  |
|         |                 |                     |                         |  |      |   |                         |  |

| -3010104583 | erating Companies<br>lection Form |   |                |                | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|-------------|-----------------------------------|---|----------------|----------------|--|
| <010>       | Study Area Code                   |   | 170151         |                |  |
| <015>       | Study Area Name                   |   | BUFFALO VALLEY | TEL            |  |
| <020>       | Program Year                      |   | 201€           |                |  |
| <030>       | Contact Name - Person I           | USAC should contact regarding this data               | Jeff Reacox    |                |  |
| <035>       | Contact Telephone Num             | nber - Number of person identified in data line <030> | 5017485390 ext |                |  |
| <039>       | Contact Email Address -           | Email Address of person Identified in data line <030> | jeff 1 heacoxy | Vindstream.com |  |
| <810>       | Reporting Carrier                 | Windstream Buffalo Valley, Inc.                       |                |                |  |
| <811>       | Holding Company                   | Windstream Corporation                                |                |                |  |
| <812>       | Operating Company                 | Windstream Buffalo Valley, Inc.                       |                |                |  |
| <813>       |                                   | ab  |                | GD             | <b>43</b>  |
|             |                                   | Affiliates  |                | SAC            | Doing Business As Company or Brand Designation                                   |
|             |                                   |   |                |                |  |
| 3           |                                   |   |                |                |  |
| 9           |                                   |   |                |                |  |

FCC Form 481

(800) Operating Companies



# AFFIDAVIT

| STATE OF AR             | KANSAS                                | )            |   |   |                             |
|-------------------------|---------------------------------------|--------------|---|---|-----------------------------|
|                         |                                       | )            |   |   |                             |
| COUNTY OF               | PULASKI                               | )            |   |   |                             |
| I, <u>Tim Loken</u> , b | eing duly sworr                       | upon oath, d | o hereby depose a                         | nd state as follows:  |                             |
|                         | of the reporting<br>rates reported in |              | sted on the Carrier                       | List; my responsibil  | ities include ensuring the  |
| I hereby certify        | pursuant to the                       | requirements | under 47 C.F.R.                           | 54.313(a)(10) that:   |                             |
| (1)                     |                                       |              | s voice services is<br>for voice service. | no more than two sta  | andard deviations above the |
|                         |                                       |              |   | Sel   |                             |
|                         |                                       |              |   | Tim Loken, Direc  | tor - Regulatory Reporting  |
| Subscr                  | ibed and sworn                        | to before me | this 12 <sup>th</sup> day of              | , 2015.<br>Sauliji  | d Blade                     |
|                         |                                       |              |   | Notary Public   |                             |
| My Co                   | mmission expir                        | es:<br>0   b | PUBLIC #12349466 EXPIRES #2-2016          | Settlemannum de la constitución |                             |

# **Carrier List**

| STATE | Legal Entity                                | SAC    | Certify fixed voice service is no<br>more than two standard<br>deviations above the applicable<br>national average urban rate.<br>Yes/No |
|-------|---|--------|--|
| AL    | Windstream Alabama, LLC                     | 250302 | Yes  |
| AR    | Windstream Arkansas, LLC                    | 401691 | Yes  |
| FL    | Windstream Florida, Inc.                    | 210336 | Yes  |
| GA    | Windstream Georgia, LLC                     | 220357 | Yes  |
| GA    | Windstream Georgia Telephone, LLC           | 220364 | Yes  |
| GA    | Windstream Standard, LLC                    | 220386 | Yes  |
| GA    | Windstream Accucomm Telecommunications, LLC | 220395 | Yes  |
| GA    | Georgia Windstream, LLC                     | 223036 | Yes  |
| GA    | Windstream Georgia Communications, LLC      | 223037 | Yes  |
| IA    | Windstream Iowa Communications, Inc.        | 351167 | Yes  |
| IA    | Windstream Iowa Communications, Inc.        | 351170 | Yes  |
| IA    | Windstream Iowa Communications, Inc.        | 351178 | Yes  |
| IA    | Windstream Montezuma, Inc.                  | 351248 | Yes  |
| KY    | Windstream Kentucky West, LLC               | 260402 | Yes  |
| KY    | Windstream Norlight, Inc.                   | 269004 | Yes  |
| KY    | Windstream Kentucky East, LLC               | 269690 | Yes  |
| KY    | Windstream Kentucky East, LLC               | 269691 | Yes  |
| MN    | Windstream Lakedale, Inc.                   | 361414 | Yes  |
| MN    | Windstream Lakedale, Inc.                   | 361482 | Yes  |
| МО    | Windstream Missouri, Inc.                   | 421885 | Yes  |
| MS    | Windstream Mississippi, LLC                 | 280453 | Yes  |
| NC    | Windstream Concord Telephone, Inc.          | 230474 | Yes  |
| NC    | Windstream North Carolina, LLC              | 230476 | Yes  |
| NC    | Windstream Lexcom Communications, Inc.      | 230483 | Yes  |
| NE    | Windstream Nebraska, Inc.                   | 371568 | Yes  |
| NM    | Valor Telecommunications of Texas, LLC      | 491164 | Yes  |
| NM    | Valor Telecommunications of Texas, LLC      | 491193 | Yes  |
| NY    | Windstream New York, Inc.                   | 150106 | Yes  |
| NY    | Windstream New York, Inc.                   | 150109 | Yes  |
| NY    | Windstream New York, Inc.                   | 150113 | Yes  |
| ОН    | Windstream Ohio, Inc.                       | 300665 | Yes  |
| ОН    | Windstream Western Reserve, Inc.            | 300666 | Yes  |
| OK    | Valor Telecommunications of Texas, LLC      | 431165 | Yes  |

| STATE | Legal Entity                             | SAC    | Certify fixed voice service is no<br>more than two standard<br>deviations above the applicable<br>national average urban rate.<br>Yes/No |
|-------|--|--------|--|
| ОК    | Windstream Oklahoma, LLC                 | 431965 | Yes  |
| OK    | Oklahoma Windstream, LLC                 | 432011 | Yes  |
| PA    | Windstream Buffalo Valley, Inc.          | 170151 | Yes  |
| PA    | Windstream Conestoga, Inc.               | 170162 | Yes  |
| PA    | Windstream D & E, Inc.                   | 170165 | Yes  |
| PA    | Windstream Pennsylvania, LLC             | 170176 | Yes  |
| SC    | Windstream South Carolina, LLC           | 240517 | Yes  |
| TN    | Windstream Norlight, Inc.                | 299008 | Yes  |
| TX    | Valor Telecommunications of Texas, LLC   | 441163 | Yes  |
| TX    | Windstream Communications Kerrville, LLC | 442097 | Yes  |
| TX    | Windstream Sugar Land, Inc.              | 442147 | Yes  |
| TX    | Texas Windstream, Inc.                   | 442153 | Yes  |

### LIFELINE SERVICE

### Definition

A. Lifeline Service is a retail local service offering available to qualifying low-income residential customers and is provided pursuant to the FCC Order 12-11 released on February 6, 2012.

### Discounts

A. The following credits will apply for customers deemed eligible for Lifeline assistance: Monthly Credit

> Federal Credit \$9.25 State Credit to Residential Access Line Varies by state

> Residents of federally recognized tribal lands may
> Receive an additional reduction up to \$25.00

B. The monthly discounted residential rate for qualified low-income customers may not be reduced below zero. Therefore, the credit amount defined in A. above shall not exceed the total of the subscriber line charge and the customer's normal residential local exchange service rate.

### General

- A. The Company shall offer toll blocking to all qualifying low income customers at no charge at the time such customers subscribe to Lifeline service. If the customer voluntarily elects to receive toll blocking, the service shall become part of the customer's Lifeline service and all service deposits will be waived.
- B. Lifeline program rate reductions do not apply to long distance service or any other services (i.e., Custom Calling, CLASS, construction charges, etc.) which may or may not be tariffed. Customers may obtain such services, where available, at their discretion, although the Lifeline program rate reduction does not apply.
- C. Lifeline program service will not be available on a retro-active basis.

### Eligibility Requirements

- A. The Lifeline program rate reduction shall apply to one (1) telephone line per residential household, at the subscriber's principal place of residence. Service is limited to only one Service per qualified customer or household; within this section, 'household' is defined as "any individual or group of individuals who are living together at the same address as one economic unit," with an 'economic unit' defined as, "all adult individuals contributing to and sharing in the income and expenses of a household."
- B. The service must be provided in the eligible customer's name.
- C. An applicant whose household income is at or below 135% of the Federal Poverty Guidelines, or who participate in one of the following programs:

Medicaid
Food Stamps
Supplemental Security Income
Federal Public Housing Assistance
Low Income Home Energy Assistance Program
Temporary Assistance to Needy Families
National School Lunch's Free Lunch Program

D. The customer must sign, under penalty of perjury, a document certifying:

He/she is receiving benefits from one of the programs listed in C. above. Name of the program(s) from which they are receiving benefits.

That he/she will notify the company if he/she no longer participates in the program(s) named in C. preceding.

The applicant must also supply the name of the program(s) from which they are receiving benefits and provide documentation supporting participation in the program(s). That he/she will notify the company if he/she no longer participates in the program(s)named in C. preceding.

- E. Customers qualifying for Lifeline Service are offered the services or functionalities enumerated in 47 Code of Federal Regulations §54.101 (a) (1)-(8) (relating to Supported Service for Rural, Insular and High Cost Areas).
- F. The Company has certification processes in place which at the time of enrollment requires a documentation review that confirms the consumer's household eligibility. The Company will retain copies of the self-certification records of both the applicant and the Company. A Company officer will attest that these procedures are in place.
- G. The Company will annually verify the continued eligibility pursuant to the FCC Order 12-11 released on February 6, 2012.

### Credits and Deposits

- A. The credit verification procedures available for all applicants who apply for service with the Company will also be used for applicants who apply for service under the Lifeline program.
- B. The deposit standards used for all applicants who apply for service with the Company will also be used for applicants who apply for service under the Lifeline Program with the exception that deposit requirements will be waived for Lifeline Service applicants who voluntarily elect to subscribe to toll blocking service.

### Service Charges

- Service charges do not apply when eligible customers with existing residential service convert to Lifeline Service.
- A service order deposit is not applicable to customers who elect toll blocking when initiating Lifeline service.
- C. A service order charge does apply when:

At the time Lifeline Service billing is initiated, eligible residential local exchange access service customers also request additional optional calling features such as Custom Calling Features, CLASS features, etc.

Any subsequent moves or changes after the initial connection to Lifeline service are requested by the customer.

Service is established for new residential applicants (those without existing local exchange access service) eligible for Lifeline Service.

### Payments and Disconnection of Service

- A. Lifeline service may not be disconnected for non-payment of toll charges. In addition, the Company will not deny re-establishment of local service to customers who are eligible for Lifeline Assistance and have previously been disconnected for nonpayment of toll charges.
- B. Partial payments that are received from Lifeline customers will first be applied to local service charges and then to any outstanding toll charges.

Windstream Residential Service Rates by Service Area Rates shown with and without state and federal Lifeline discounts applied

| Year |        | Without Lifeline | Discounts | With Lifeline Discounts |         |  |
|------|--------|------------------|-----------|-------------------------|---------|--|
|      | SAC    | Low              | High      | Low                     | High    |  |
| 2014 | 170151 | \$24.60          | \$24.60   | \$15.35                 | \$15.35 |  |